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APPLICANTS

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**** CONTINUING DATA *******

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**** FOREIGN APPLICATIONS *******

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**** IF REQUIRED, FOREIGN FILING LICENSE GRANTED ****

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Foreign Priority claimed	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	35 USC 119(a-d) conditions met	<input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	STATE OR COUNTRY	SHEETS DRAWINGS	TOTAL CLAIMS	INDEPENDENT CLAIMS
Verified and /RYAN ALEXANDER REIS/ Acknowledged _____	<input type="checkbox"/> Met after Allowance Initials _____	BELGIUM	5	8	1		
Licensed Examiner's Signature _____							

ADDRESS

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TITLE

Liquid dispensing device

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